

<b>Case Number:</b>	CM14-0202971		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	06/20/2005
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 59-year-old woman with a date of injury of June 20, 2005. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are discogenic lumbar condition with facet inflammation noted at L4-L5 and L5-S1 with radicular component on lower extremities, nerve studies have been unremarkable; disc disease noted at L4-L5 and L5-S1; left ankle and leg pain and paresthesia; and chronic pain syndrome. Pursuant to the progress note dated November 14, 2014, the IW had an MRI of the left ankle, which shows no ligament injury or tear. Her pain is otherwise unchanged. She is limited in terms of lifting as well as standing and walking. She is still working full-time. Objective physical findings reveal tenderness across the lumbar paraspinal muscles bilaterally. She has pain along anterior talofibular ligament on the left side. She has full dorsiflexion and plantar flexion. Current medications include Norco 10/325mg, Trazadone 50mg, Topamax 50mg, and Flexeril 7.5mg. Review of the medical record indicates the IW was taking Soma 350mg in December of 2013. Flexeril 7.5mg was added to the medication regimen January 27, 2014. It is unclear if the Soma was continued or discontinued at that time. The IW has been receiving monthly refills of Flexeril 7.5mg since January 2014 to the present. There was no evidence of objective functional improvement associated with the long-term use of Flexeril. The current request is for Flexeril 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Flexeril 7.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is 59 years old with a date of injury June 20, 2005. Injured worker's working diagnoses are discogenic lumbar condition with facet inflammation noted at L4 - L5 and L5 - S1 with radicular complement lower extremities; left ankle and leg pain and paresthesia; and chronic pain syndrome. The documentation shows the injured worker was taking Soma in December 13, 2013. On a progress note dated January 27, 2014 the treating physician added Flexeril 7.5 mg to the drug regimen. The documentation is unclear as to whether Soma was discontinued or continued. The Flexeril 7.5 mg was refilled monthly. There is no documentation of objective functional improvement associated with ongoing Flexeril 7.5 mg use. Muscle relaxants (Flexeril) are recommended for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation with chronic low back pain. Efficacy diminishes over time and prolonged use may lead to dependence. Consequently, absent the appropriate clinical indication, compelling clinical facts to support the ongoing use of Flexeril and exceeding the recommended guidelines, Flexeril 7.5 mg #60 is not medically necessary.